



## Industrial Discharge Application

Modified: 10/20/1999

Revised: 7/13/2007



Industrial Discharge Application

SECTION B:  
PRODUCT OR SERVICE INFORMATION

In accordance with the existing City of Savannah Code of Ordinances, the information requested in this application is required of all commercial or industrial users of the City of Savannah sewage treatment works.

- A1. Applicant Business Name:
- A2. The address of Facility Discharging Wastewater  
Street:  
City: State: Zip:
- A3. Mailing Address  
Street or P.O. Box No.:  
City: State: Zip:
- A4. Authorized Facility Representative [40 CFR 403.12 (l)]  
Name:  
Title:  
Phone No.: Address:
- A5. Person to be contacted in case of an emergency:  
Name:  
Day Phone:  
Night Phone:  
Fax Number:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Official Use Only Do not write below this line

Application Complete: Yes\_\_\_ No\_\_\_ Visit Required: Yes\_\_\_ No\_\_\_ Permit Required: Yes\_\_\_ No\_\_\_

Permit Issued\_\_\_\_\_ Effective \_\_\_\_\_ Permit Number\_\_\_\_\_ Expires\_\_\_\_\_

Treatment Plant Service Area \_\_\_\_\_ Date\_\_\_\_\_ Reviewed by\_\_\_\_\_

Approved by \_\_\_\_\_ Date\_\_\_\_\_

Comments:



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SECTION B:  
PRODUCT OR SERVICE INFORMATION

- B1. Brief narrative of manufacturing or service activity at facility:
- B2. North American Industry Classification System (NAICS) Codes or the Standard Industrial Classification (SIC) for Principal Products or Services:

PRODUCTS OR hSERVICES	NAICS CODE	SIC CODE	PRODUCTION RATE	
			Average	Maximum Day

- B3. List Processes Used at Plant
- B4. Substances Discharged - Give common and technical names for each raw material and product that may be discharged to the sewer. Include all catalysts and intermediates. Use additional sheet, as necessary.
- B5. What potentially hazardous, corrosive, flammable, explosive or toxic substances are handled at your plant ?
- B6. Describe the wastewater generating operations (Including processes and cleanups).

C1. Are major processes batch ☐ or continuous ☐? Average number of batches per 24 hour day:  
\_\_\_\_\_

C2. Variation of Operation

Indicate whether the business activity is:

a. ☐ Continuous throughout the year, or ☐ Seasonal - Check months in which operations occur:

Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐  
Dec ☐

Peak month(s) of operation is (are):

Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐  
Dec ☐

b. ☐ Continuous throughout the week, or ☐ Intermittent -

If Intermittent, check the days of the week during which operations occur:

Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐  
Saturday ☐

c. Are there any scheduled shutdowns? Yes ☐ No ☐

When:

Reason:

d. List official plant holidays:

C3. Wastewater Discharge Periods

a. Discharge occurs daily from \_\_\_\_AM ☐ / PM ☐ to \_\_\_\_AM ☐ / PM ☐

Check the days of the week that the discharge occurs:

Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐

Peak day(s) of discharge is (are):

Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐

b. Clean-up discharge daily from \_\_\_\_AM ☐ / PM ☐ to \_\_\_\_AM ☐ / PM ☐

Check the days of the week that the discharge occurs due to clean-up:

Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐

Peak day(s) of discharge is (are)

Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐





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SECTION C:  
PLANT OPERATIONAL  
CHARACTERISTICS

C4. Employee Information: Total Number of Employees\_\_\_\_\_ and breakdown of employees

	Office		Production (number of employees per shift)					
	No.	Hours	No.	Hours	No.	Hours	No.	Hours
Weekday:		to		to		to		to
Saturday:		to		to		to		to
Sunday:		to		to		to		to
Seasonal		to		to		to		to

C5. Describe any wastewater treatment equipment or processes in use:

C6. Describe any raw water treatment processes utilized

C7. Describe any water recycling or reuse processes utilized

C8. Is there a laboratory on the premises? ☐Yes ☐No

If there is more than one laboratory, use a separate form for this part for each laboratory:

a. List analyses performed:

b. Do any analyses use as reagents, any chemicals listed in the Priority Pollutant Survey (Section F)?

☐Yes ☐No

If Yes, list the chemicals, the amounts used per week and the method of disposal.

<u>Chemical Reagent</u>	<u>Amount Used/Week</u>	<u>Method of Disposal</u>



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SECTION D:  
WASTE GENERATION AND DISPOSAL

For those processes or operations, which produce wastes that are NOT discharged into city or storm sewers or to surface waters, complete the following:

Use Separate forms for each waste stream. This includes Sludge Generated in Process Operations, Laboratory Operations, or Wastewater Pretreatment Processes

Waste Stream No. \_\_\_\_\_

Describe process or operation producing waste:

Briefly characterize waste:

Annual waste production \_\_\_\_\_tons/yr. \_\_\_\_\_ gal./yr.

Frequency of waste production:, seasonal☐, occasional☐, continual☐ ,other (specify):

D1. Waste Composition

a. Average percent solids \_\_\_\_\_ %

b. pH range \_\_\_\_\_ to \_\_\_\_\_ S.U.

c. Physical state: liquid☐, slurry☐, sludge☐, solid☐, other (specify)

d. Hazardous properties of waste: flammable☐, toxic☐, reactive☐, explosive☐,  
infectious☐, corrosive☐, other (specify) -

D2. Transportation

Waste hauled off site by self☐ or other☐

Waste Hauler Information

Name:

Phone:

Address:

City:

State:

Zip:

## D3. Treatment and Disposal

- a. Treatment or disposal is: on site ☐ off site ☐
- b. Waste is reclaimed ☐, treated ☐, land disposed ☐, incinerated ☐,  
other (specify) -
- c. Off site facility receiving waste

Facility Operator:

Name of Facility:

Facility Location:

Phone:

Address:

City:

State:

ZIP:

D4. On Site Storage for greater than 90 days: None ☐

- a. Method: drum ☐, roll-off container ☐, tank ☐, lagoon ☐, other (specify) -
- b. Typical duration of waste stored \_\_\_\_\_ days, \_\_\_\_\_ weeks, \_\_\_\_\_ months
- c. Typical volume of waste stored \_\_\_\_\_ tons, \_\_\_\_\_ gallons
- d. Is storage site diked AND covered? Yes ☐, No ☐
- e. Surface drainage collection system installed? Yes ☐, No ☐



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SECTION E:  
WATER USE AND DISCHARGE  
INFORMATION

- E1. List each raw water source (city, county, well, other), account name (if applicable), designated use (fire service, production, lawn sprinkler, etc.) and average monthly consumption (indicate units):

<u>Source</u>	<u>Account Number</u>	<u>Use</u>	<u>Consumption</u> (gal/day)

- E2. Indicate water use categories, distribution of water used and the means of wastewater disposal:

<u>Water Used For</u>	<u>Gallons per day</u>	<u>Discharged To:</u>
Sanitary: <input type="checkbox"/>		
Process: <input type="checkbox"/>		
Boiler: <input type="checkbox"/>		
Cooling: <input type="checkbox"/>		
Other*: <input type="checkbox"/>		
In Product: <input type="checkbox"/>		

\*Describe other water use(s):

If this discharge is not anticipated to be permanent, what is the expected length of the duration of the discharge? Permanent ☐ or Temporary ☐ - Approximately \_\_\_\_ years.

- E3. List plant sewer outlets, size and flow.

<u>Flow Reference No.</u>	<u>Sewer Size (Inches)</u>	<u>Descriptive location of sewer connection or discharge point</u>	<u>Avg. (GPD)</u>
1.			
2.			
3.			
4.			



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SECTION E:  
WATER USE AND DISCHARGE  
INFORMATION

<u>Flow Reference No.</u>	<u>Sewer Size (Inches)</u>	<u>Descriptive location of sewer connection or discharge point</u>	<u>Avg. (GPD)</u>
5.			

Does the facility discharge any process wastewater to any surface water or storm water connections?

Yes ☐, No ☐.

In the event of discharge of storm sewer, has a Notice of Intent been applied for with the State?

Yes ☐, No ☐.

Is a Spill Prevention Control and Countermeasure Plan in effect for this plant? Yes ☐, No ☐.

E4. PRETREATMENT

Is this plant subject to existing or proposed Federal Pretreatment Standards? Yes ☐, No ☐.

If so, are these Standards being met on a consistent basis? Yes ☐, No ☐.

Are additional pretreatment facilities, operation, maintenance and/or procedures required to meet Pretreatment Standards? Yes ☐, No ☐.

If so, list the schedule by which they will be provided.

E5. Attach and refer to a map showing each building on the premises. Show location of water meters, storm drains, waste streams, sampling points and pretreatment facilities.

SECTION F  
POLLUTION SURVEY

	Prohibited Pollutants	Known To Be Present	Believed To Be Present	Believed To Be Absent	Known To Be Absent
1.	Materials that may create a fire or explosion hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Corrosive type materials pH <6 or pH>12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Solid or viscous pollutants in amounts which could cause flow obstructions or interference with POTW operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Discharge of any pollutant (including BOD5, Suspended Solids, COD, etc.) in volume or strength to cause unit process upset or NPDES Permit violations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Heated discharges in excess of 104oF Temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	List results of effluent monitoring: (Use additional summary sheets if needed)				
	Parameter	Results		Analytical Method #	
	Biochemical Oxygen Demand		Mg/L		
	Chemical Oxygen Demand		Mg/L		
	Total Suspended Solids		Mg/L		
	Total Dissolved Solids		Mg/L		
	Oil and Grease		Mg/L		
	Petroleum Hydrocarbons		Mg/L		
	Ammonia-Nitrogen		Mg/L		
	pH		S.U.		
	Temperature		°F/°C		

Indicate to the best of your ability, the known presence or known absence of the materials listed below.

It is not necessary to undertake a sampling program to complete this section. Respond by checking the appropriate column indicating which of the following descriptions is applicable.

Check Column A if the compound is used as a raw material, stored on site, transported, or produced whether as a product or by-product and is known to be in wastewater discharge.

Check Column B if the compound is used as a raw material, stored on site, transported, or produced whether as a product or by-product, and is believed to be in wastewater discharge.

Check Column C if the compound is used as a raw material, stored on site, transported, or produced whether as a product or by-product, but is believed to NOT be in wastewater discharge.

Check Column D if the compound is NOT used as a raw material, stored on site, transported or produced.

Enter Analytical Results in Column E if analytical results are available. Include analytical units (Mg/L, etc...).

No.	Substance	A	B	C	D	E
1.	Bromodichloromethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Bromoform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Bromomethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Carbon tetrachloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Chlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Chloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	2-Chloroethylvinyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Chloroform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Chloromethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Dibromochloromethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	1,2-Dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	1,3-Dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	1,4-Dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Dichlorodifluoromethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	1,1-Dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.	1,2-Dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	1,1-Dichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.	trans-1,2-Dichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.	1,2-Dichloropropane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION F  
 POLLUTION SURVEY

No.	Substance	A	B	C	D	E
20.	cis-1,3-Dichloropropylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21.	trans-1,3-Dichloropropylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22.	Methylene chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23.	1,1,2,2-Tetrachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24.	Tetrachloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25.	1,1,1-Trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26.	1,1,2-Trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27.	Trichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28.	Trichlorofluoromethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29.	Vinyl chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30.	Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31.	Chlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32.	1,2-Dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33.	1,3-Dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34.	1,4-Dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35.	Ethylbenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36.	Toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37.	Acrolein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38.	Acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39.	4-Chloro-3-methylphenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40.	2-Chlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41.	2,4-Dichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42.	2,4-Dimethylphenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43.	2,4-Dinitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44.	2-Methyl-4,6-dinitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45.	2-Nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46.	4-Nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47.	Pentachlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48.	Phenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49.	2,4,6-Trichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50.	Benzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51.	3,3'-Dichlorobenzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
52.	Bis(2-ethylhexyl) phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



SECTION F  
POLLUTION SURVEY

No.	Substance	A	B	C	D	E
53.	Butyl benzyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
54.	Di-n-butyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
55.	Diethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
56.	Dimethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
57.	Di-n-octyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
58.	N-Nitrosodimethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
59.	N-Nitrosodiphenylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
60.	N-Nitrosodi-n-propylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
61.	Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
62.	a-BHC-Alpha	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
63.	b-BHC-Beta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
64.	g-BHC-Gamma (Lindane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
65.	d-BHC-Delta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
66.	Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
67.	4,4'-DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
68.	4,4'-DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69.	4,4'-DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
70.	Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
71.	a-Endosulfan (I)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
72.	b-Endosulfan (II)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
73.	Endosulfan sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
74.	Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
75.	Endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
76.	Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
77.	Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
78.	Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
79.	PCB-1016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
80.	PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
81.	PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
82.	PCB-1242	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
83.	PCB-1248	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
84.	PCB-1254	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
85.	PCB-1260	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION F  
 POLLUTION SURVEY

No.	Substance	A	B	C	D	E
86.	2,4-Dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
87.	2,6-Dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
88.	Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
89.	Nitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
90.	Acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
91.	Acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
92.	Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
93.	Benzo(a)anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
94.	Benzo(a)pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
95.	Benzo(b)fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
96.	Benzo(ghi)perylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
97.	Benzo(k)fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
98.	Chrysene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
99.	Dibenzo(a,h)anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
100.	Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
101.	Fluorene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
102.	Indeno(1,2,3-cd)pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
103.	Napthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
104.	Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
105.	Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
106.	Bis(2-chloroethyl) ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
107.	Bis(2-chloroethoxy) methane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
108.	Bis(2-chloroisopropyl) ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
109.	4-Bromophenyl phenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
110.	4-Chlorophenyl phenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
111.	2-Chloronapthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
112.	1,2-Dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
113.	1,3-Dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
114.	1,4-Dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
115.	Hexachlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
116.	Hexachlorobutadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
117.	Hexachlorocyclopentadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
118.	Hexachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Industrial Discharge Application

SECTION F  
POLLUTION SURVEY

No.	Substance	A	B	C	D	E
119.	1,2,4-Trichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
120.	2,3,7,8 - TCDD (Dioxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
121.	Antimony (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
122.	Arsenic (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
123.	Beryllium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
124.	Cadmium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
125.	Chromium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
126.	Chromium (+6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
127.	Copper (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
128.	Lead (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
129.	Mercury (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
130.	Nickel (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
131.	Selenium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
132.	Silver (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
133.	Thallium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
134.	Zinc (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
135.	Asbestos (qualitative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
136.	Cyanide (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
137.	Methoxychlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
138.	2,4-D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
139.	Silvex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
140.	MTBE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	